

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
NURSING PRACTICE PROTOCOLS  
Chronic Illness Nursing Interventions**

MSRM 140117.01.12.1  
(R-4/19)

CHRONIC CARE MANAGEMENT USES A COLLABORATIVE MULTIDISCIPLINARY TEAM APPROACH. CHRONIC CLINIC NURSING INTERVENTIONS ARE APPROVED BY THE CHIEF MEDICAL OFFICER FOR NURSING TO PERFORM IN ACCORDANCE WITH THE CHRONIC ILLNESS MANAGEMENT GUIDELINES. THESE APPROVED CHRONIC CLINIC NURSING INTERVENTIONS DO NOT REQUIRE A HEALTH CARE PROVIDERS ORDER. THE CHRONIC ILLNESS NURSING INTERVENTIONS ARE BASED UPON NATIONALLY RECOGNIZED EVIDENCE-BASED GUIDELINES AND RECOMMENDATIONS.

**Chronic Illnesses:** \_\_\_\_\_

**Health Care Provider:** \_\_\_\_\_

**Routine Physical labs/procedures required:** ☐ Yes ☐ No If "Yes" complete the "Routine Physical Nursing Interventions".

**CHRONIC ILLNESS LAB:**

- ☐ **CBC** - Annually - CAD, Hyperlipidemia, HTN, Liver Disease, Every 4 months - HIV/AIDS, Bi-Annual - Liver Disease - APRI > 0.7
- ☐ **CMP** - Annually - CAD, Hyperlipidemia, HTN, Diabetes, Liver Disease, Seizures, Every 4 months - HIV/AIDS, **Bi-Annual** - Liver Disease - APRI > 0.7
- ☐ **Fasting Lipid Profile (FLP)** - Annually – CAD, Hyperlipidemia, Diabetes, HIV/AIDS, Every 3 years – HTN
- ☐ **UA Dipstick** - Annually - Diabetes, HTN
- ☐ **Urine Albumin-to creatinine ratio** - Annually - Diabetes (only if urine protein is negative and patient is NOT on ACE inhibitor)
- ☐ **HgbA1C** - Every 3-6 months – Diabetes
- ☐ **Viral Load** - Every 4 months - HIV/AIDS
- ☐ **CD4** – Every 4 months - HIV/AIDS
- ☐ **Rapid Plasma Reagin (RPR)** - Annually - HIV/AIDS
- ☐ **PT** – Annual Liver Disease - APRI > 0.7
- ☐ **Alpha-fetoprotein (AFP)** - Liver disease – APRI 0.7
- ☐ **Other:** (requires a health care providers order) \_\_\_\_\_

**CHRONIC ILLNESS PROCEDURES AND SPECIALTY CARE:**

- ☐ **EKG** - Baseline then at provider's discretions - CAD, HTN
- ☐ **Dilated Retinal Examination** - Annually - Diabetes, HIV/AIDS
- ☐ **Spirometry** / ☐ **Peak Flow** - Annually – Asthma, Every 3-6 months – COPD
- ☐ **EGD** / ☐ **Abdominal Ultrasound** - Refer to health care provider prior to ordering. Inmate may not meet criteria.

**CHRONIC ILLNESS VACCINES/INJECTIONS:**

- ☐ **Flu Vaccine**
- ☐ **Pneumovax**
- ☐ **Tetanus**
- ☐ **Hepatitis A & B Series (if no serological evidence of immunity)** – HIV
- ☐ **Hepatitis A & B Series (if not contraindicated)** - Liver Disease

**MEDICAL DIET:**

- ☐ **Medical Diet – Annually** (write a verbal order and assign to health care provider...complete Medical Diet Request and forward to food services)

**INTERVENTIONS:**

- ☐ Inmate identified and procedure explained.
- ☐ Hands washed/sanitized and gloves applied.
- ☐ Inmate arm positioned, tourniquet applied, puncture site identified and cleansed.
- ☐ Venipuncture site: \_\_\_\_\_ ☐ Needle gauge size: ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25
- ☐ Butterfly ☐ Huber
- ☐ Number of attempts: ☐ 1 ☐ 2 ☐ Other: \_\_\_\_\_
- ☐ Unable to obtain. Reason: \_\_\_\_\_ Notified: \_\_\_\_\_
- ☐ Pressure applied, no bleeding, swelling or redness observed.
- ☐ Applied: (check all that apply) ☐ Band-Aid ☐ Gauze ☐ Cotton ball ☐ Tape ☐ Coban
- ☐ Vaccine administered. No problems noted. ☐ Inmate tolerated procedure, voiced no concerns.
- ☐ Sharps disposed into biohazardous container.
- ☐ EKG performed. Results placed in EHR.
- ☐ Dilated retinal examination scheduled. ☐ EGD scheduled. ☐ Abdominal Ultrasound scheduled.
- ☐ Education/Intervention: Instructed patient to follow-up sick call if experiencing any signs and symptoms that warrant treatment. Inmate verbalizes understanding of instructions.

**Progress note:** \_\_\_\_\_

**RN/LPN Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Inmate Name**  
(Last, First)

**DOC #**